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1.363 the address associated with: Customer Number. 22971 OR The attached Request for Customer Number (PTO/SB/125) form. PATENT NUMBER (if known) 10/029,310 Completed by (check one): Applicant/Inventor Applicant/Inventor Attorney or Agent of record 28,651 (Reg. No.) Rick D. Nydaggar Typed or printed name	INSTRUCTIONS: The issue fee must have been paid for application(s) listed on this form. In addition, only an address represented by a Customer Number can be established as the fee address for maintenance fee purposes (hereafter, fee address). A fee address should be established when correspondence related to maintenance fees should be mailed to a different address than the correspondence address for the application. When to check the first box below: If you have a Customer Number to represent the fee address. When to check the second box below: If you have no Customer Number representing the desired fee address, in which case a completed Request for Customer Number (PTO/SB/125) must be attached to this form. For more information on Customer Numbers, see the Manual of Patent Examining Procedure (MPEP) § 403.	
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	Attorney or Agent of record 28,651 (Reg. No.)	
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) Requester's telephone number	Statement under 37 CFR 3.73(b) is enclosed.	Requesters telephone number
Assignee recorded at Reel Frame May 30, 2007	Assignee recorded at ReelFrame	May 30, 2007
Date NOTE: Signatures of all the inventors or assigness of record of the emilia bitsrest or their representative(s) are required. Submit multiple forms if more that one		
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This collection of information is required by 37 CFR 1.363. The information is required to obtain or retain a benefit by the public which is to file (and by the US to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is calimated to take 6 minutes to comp		

including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the including case, Any comments on the amount of time you require to complete this form endor suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patient and Trademen's Cline, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22318-1450, DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop M Correspondence, Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22318-1450.

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